

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-021690**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**5835**

**FILED JUN 13 1963**

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**15 Years**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis,** Inside Limits Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR D.O.A. City Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**3100 Arsenal Street** Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **BERNICE**

Middle **ROSE**

Last **HEATON**

4. DATE OF DEATH  
Month **May** Day **31,** Year **1963**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH  
**8-29-1912**

9. AGE (last birthday)  
**50**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Unknown**

10b. KIND OF BUSINESS OR INDUSTRY  
**Coffee Company**

11. BIRTHPLACE (City and state or country)  
**Detroit, Michigan**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Martin Bonkowski**

13b. MOTHER'S MAIDEN NAME

**Mary Reaszka**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)  
**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT  
Address  
**Mr. Leslie Heaton, 6188 McPherson Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

DUE TO

**3rd + 4th degree burns of 40% of body surface. Smoke inhalation, suffered in fire in home on May 31st 1963.**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**accident 9/6.0-16**

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**See above**

20c. TIME OF INJURY  
Hour **5-31-63**  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Home 16**

20f. CITY, TOWN, OR LOCATION  
**St. Louis, Mo.** COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **11:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. NAME OF CEMETERY OR CREMATORY

23b. DATE  
**June 3, 1963**

23c. NAME OF CEMETERY OR CREMATORY  
**Mt. Olivet Cemetery**

23d. LOCATION (City, town, or county)  
**Detroit, Michigan**

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**CALVIN F. FEUTZ, 4828 Natural Bridge Bl.**

**JUN 3 1963**

**Carl Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY ATTEST OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Robert E. Nahlman

Licensed Embalmer No.

4916

P. O. Address

St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.